

**INSTITUTIONAL REVIEW BOARD  
NEW JERSEY DEPARTMENT OF HEALTH**

**www.nj.gov/health/irb**

**INSTITUTIONAL APPROVAL OF INTRAMURAL RESEARCH**

Principal Investigator: \_\_\_\_\_

Research Project Title: \_\_\_\_\_

As the Principal Investigator's supervisor I hereby certify:

- (1) The Principal Investigator is qualified to design, implement, perform, record, analyze and report the findings of this research project, and s/he has the necessary resources and support personnel.
- (2) I will promptly notify the Institutional Review Board if I determine: i) the research project is implemented or modified without prior IRB approval, ii) the research project is conducted in violation of IRB requirements or NJDOH policies, iii) confidentiality has been breached or iv) there has been a serious or unanticipated adverse event to a research subject.

Supervisor Name: \_\_\_\_\_

Title: \_\_\_\_\_

Division: \_\_\_\_\_

Program: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I hereby authorize the submission of this research project to the IRB.**

Assistant Commissioner

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Deputy Commissioner

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_